

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TT	1112	9/13/01
RESPONSE FORMALITY REVIEW	HC	712	05-14-02

## INDEX OF CLAIMS

✓	.....	Rejected
=	.....	Allowed
—	(Through numeral)...	Canceled
÷	.....	Restricted

N	.....	Non-elected
I	.....	Interference
A	.....	Appeal
O	.....	Objected

Claim	Final	Original	Date
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50	✓	✓	

Claim	Final	Original	Date
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
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20/5/150  
17.5-20  
1.1/15/150  
4450